

LEWIS COUNTY HEALTH & SOCIAL SERVICES
PUBLIC HEALTH DIVISION
360 NW NORTH STREET, CHEHALIS, WA 98532-1900
(360)740-1222 * 1-800-562-6130 ext. 1222 (within Lewis County)

TEMPORARY FOOD SERVICE PERMIT
PERMIT MUST BE POSTED IN THE FOOD BOOTH DURING OPERATION

FEES: [] SINGLE EVENT (1-3 days) \$55.00 SINGLE EVENT (4-14 days) \$85.00
[] MULTIPLE EVENTS \$170.00 (up to 5 events, different sites and dates)

COMPLETED FORM MUST BE RETURNED AT LEAST TWO WEEKS PRIOR TO EVENT!!

A Health Inspector will contact you to discuss your application and will give you a permit number if you are approved to operate. If you have not been contacted one week prior to the event, call our office at (360) 740-1222.

**THIS PERMIT IS NOT VALID AND YOU MAY NOT OPERATE UNTIL YOU RECEIVE
A PERMIT NUMBER AT THE BOTTOM OF THE PAGE.**

EVENT DATES	EVENT NAME & SPECIFIC LOCATION/ADDRESS	HOURS OF FOOD SERVICE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ORGANIZATION/COMPANY NAME _____

RESPONSIBLE PARTY: (Name) _____ 1st PHONE # (____) _____
2nd PHONE # (____) _____

MAILING ADDRESS: _____
Street/P.O. Box City State Zip

A Person in Charge of each shift MUST have a valid Food and Beverage Service Worker's Permit (personal health card). **List names of people with Health Cards and include copies with this application.**

***ALL CONDITIONS FOR FOOD PREPARATION AND SERVICE MUST COMPLY WITH THE HANDOUT ENTITLED:
TEMPORARY FOOD SERVICE ESTABLISHMENT PROCEDURES AND REQUIREMENTS. FAILURE TO COMPLY WILL
RESULT IN SUSPENSION OF THE HEALTH PERMIT AND CLOSURE OF THE FOOD BOOTH.***

FEE RECEIVED \$ _____ CA/CK CK# _____ CREDIT CARD _____

RECEIVED BY: _____ DATE RECEIVED _____

PERMIT # _____

APPROVED BY _____ DATE _____

Type of Structure:

A permanent building (a church, for example).

A temporary concession booth (located at the fair grounds, for example).

A mobile unit.

Water Supply:

Name of water system_____ (Must be an approved public water supply.)

Delivery Method:	Holding Tanks	Connected with food-grade hose	Permanent plumbing
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Wastewater:

City of _____ sewer, plumbed into kitchen.

City of _____ sewer, disposal site near booth. Specify location: _____

Other approved septic system (not municipal)_____

Mobile--holding tanks

Other _____

Garbage Disposal:

Dumpsters

Other. Please specify: _____

Bathroom Facilities:

Permanent

Portable Units

Approximate distance from food booth: _____.

Hand Washing:

Portable hand washing station with warm running water, soap, paper towels, and garbage receptacle.

Insulated 5-gallon container of warm water with spigot, soap, paper towels, bucket for collecting waste water, and garbage receptacle.

Equipment List:

Cooking: Stove Oven Grill Other_____

Hot Holding: Steam Table Stove Oven Grill Other_____

Cold Holding: Refrigerator Freezer Ice Chest with ice Other_____

Transport Equipment: Ice Chests Insulated boxes Other_____

Dish Washing:

Manual (wash, rinse, sanitize):

3-compartment sink 2-compartment sink plus a portable basin for sanitizing rinse 3 portable basins

Automatic

MENU

Please list all items that you plan to serve or attach menu.

RAW MEAT PRODUCTS	COOKED MEAT PRODUCTS	DAIRY	OTHER	OTHER

BOOTH CONSTRUCTION

Draw a SITE DIAGRAM/FLOOR PLAN with equipment arrangement: show locations for food preparation, cooking, hot and cold holding, storage, dishwashing and sanitizing, serving and hand washing:

[illegible]

*****Complete the following if any food is to be prepared off-site in advance.
All food must be prepared in an approved kitchen*****

The Food Service Operator allowing use of an approved kitchen must complete the following:

I, _____ allow _____ to use _____
(Food Service Operator) (Organization) (Name of Approved Kitchen)

for preparing foods and washing/sanitizing utensils and equipment.

Kitchen Owner/Operator Phone # _____ Date kitchen will be used _____ Time of use _____

Printed Name of Kitchen Owner/Operator

Signature of Kitchen Owner/Operator

Date

SIGNATURE _____

DATE: _____